

Lesions were from 1.1 to 2.6 cm in size with perilesional oedema and local mass effect and gave iso-to-hypointense signal on T2-weighted images. Post contrast imaging lesions showed moderate homogeneously enhancement.

Results: The patient was treated with ganciclovir 250 mg twice daily intravenously, *dexamethasone* 8 mg 3 times daily intravenously, Sulfamethoxazolium/Trimethoprimum 1 tabl twice daily orally, fluconazole 100 mg orally and infusions (magnesium sulphas, L-lysine Aescinat, sodium chloride, pentoxifylline, pyracetamum, ipidacrinum). After 14 days of treatment EBV DNA became undetectable in CSF, protein concentration decreased to norm; MRI showed reducing of lesions to 0.8-1.7 cm. Neurological deficits had also been reduced.

Conclusions: There are no pathognomonic features of PCNSL, but clinical presentation with detectable EBV DNA in CSF and imaging features can be quite specific. Treatment of PCNSL with ganciclovir and corticosteroids should be considered.

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CEREBRAL TOXOPLASMOSIS IN HIV-INFECTED PATIENTS

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Ukraine - one of the countries of Europe, leads the sad rating of the number of identified HIV positive and AIDS cases and deaths from the disease.

Opportunistic infections (OIs) are one of the main causes of death in AIDS patients. Diagnosis of OI, which was carried out in a timely manner, and then correctly chosen treatment regimen can extend patients' lives. Among all OIs that occur against the background of AIDS, 38 % are toxoplasma infection. We present a case of cerebral toxoplasmosis in HIV-infected patients on the background of highly active antiretroviral therapy (HAART).

Patient Ch., 28 years old. The diagnosis of "HIV infection" was established in 2002 during the examination across pregnancy, after which the woman was on the dispensary observation at the Regional Center for AIDS Prevention and Control in Kharkiv. From the anamnesis of life, it is known that until 2002 the patient periodically used injecting drugs (opiates). By May 2005, the patient did not feel sick, for medical help did not apply. At the end of May 2005, the patient began to notice a periodic increase of the body temperature to subfebrile numbers, dry cough, mild headache, and therefore was sent to the Regional Clinical Infectious Diseases Hospital in Kharkiv. On the chest X-ray, amplification and thickening of the pulmonary pattern, expansion and unstructuring of the roots of the lungs were found. The patient was prescribed Biseptol according to the scheme: 960 mg 2 times a day with a positive effect. Since October 2010, the patient began receiving HAART: Zidolam+Nevirapine (AZT/3TC+NVP).

In December 2010, in the patient appeared general weakness, weakness in the right leg and arm, shaky hands and head like as "rack-wheel", disorder and difficulties of the speech (scanning speech), marked headache, nausea, vomit, then appeared the defective memory and vision, for which reason she was consulted by a doctor in the Regional center for prevention and control of AIDS and she was directed to the Regional clinical infectious diseases hospital to the Department of neuroinfection. During the hospitalization, the condition of the patient was regarded as severe due to neurologic symptoms (retardation, pronounced tremor of hands and head, motor and sensory dysphasia), asymmetry of nasolabial folds was noted; nystagmus; tendon reflexes $D \geq S$, high; right-sided hemiparesis; muscle tonus is a spastic type; ataxia in the Romberg pose; tremor of the fingers of the outstretched hands, scanning speech, unsteadiness in walking. Multiple zones of pathological intensity in both cerebral hemispheres were found on the MRI of the brain, surrounded by pronounced perifocal edema. The largest foci (4,9x4,5 cm) was observed in the left frontal lobe. Similar, but less pronounced changes were noted in the left occipital lobe, right frontal lobe (up to 1,92 cm in diameter), in the left temporal lobe region (up to 2,7 cm), both hemispheres of the cerebellum. Using the

ELISA in the patient's blood were detected Ig G antibodies to *Toxoplasma gondii*. A diagnosis was made: HIV infection, IV clinical stage, toxoplasmosis of the brain and a therapy was prescribed: Clindamycin 600 mg + Rhovamycin 3,000,000 IU 3 times a day + Biseptol 960 mg 2 times a day. Against the background of ongoing therapy, in the patient significantly decreased tremor of hands and head, regressed the phenomenon of hemiparesis, the headache disappeared. The patient began to notice the improvement of memory and vision. A month after the start of therapy, she was discharged from the hospital in the satisfactory condition under the supervision of the doctors of the Regional center for prevention and control of AIDS in Kharkiv. The total term of etiotropic therapy of toxoplasmosis was 1,5 months. In the control of MRI of the brain, positive dynamics were noted.

Conclusion. So the combination therapy with Clindamycin, Rovamycin and Biseptol provided a significant positive effect in a patient with cerebral toxoplasmosis on the background of HIV infection in the form of encapsulation of previously existing foci in the brain, remission was achieved.

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**THE EFFECT OF TREATMENT WITH TRIMETAZIDINE ON THE
COURSE OF ARRHYTHMIA IN PATIENTS WITH ISCHEMIC HEART
DISEASE AND DIABETES MELLITUS**

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Introduction. At last time, much attention is given to drugs that have a positive effect on the metabolism of ischemic myocardium. Among the drugs of metabolic action the special interest is induced by trimetazidine. Recently, the drug entered in the arsenal of preparations that are used to treat patients with ischemic heart disease and concomitant diabetes mellitus.